Case Docket No. MNI-094

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THE ASSISTANT COMMISSIONER FOR PATENTS

Box Patent Application Washington, D.C. 20231

09/6352 09/63552 08/09/00

"Express Mail" Mailing Label Number EL 373209800 US

Date of Deposit August 9, 2000

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Signature

Ilidio P. Cardoso
Please Print Name of Person Signing

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Transmitted herewith for filing is the patent application of

Inventor(s):

Katherine Galvin and Laura A. Rudolph-Owen

For: Methods And Compositions For The Diagnosis And Treatment Of Cardiovascular And Tumorigenic Disease Using 4941

Enclosed are:

X	83	pages of specification,	8	pages of claims, 1	pages of abstract
	0.5	pages of specification,	•		_ ' '

Sheets of drawings (Figures 1-8B).

A Declaration, Petition and Power of Attorney (unexecuted).

7 ____ pages of sequence listing (numbered 1-7).

Transmittal Letter for Diskette of Sequence Listing.

Diskette Containing Sequence Listing.

Statement of Limited Recognition Under 37 C.F.R. §10.9(b)

The filing fee has been calculated as shown below:

(Col.	1)	(Co	1. 2)

FOR:	NO. FILED	NO.	EXTRA
BASIC FEE	///////////////////////////////////////	///////	///////////////////////////////////////
TOTAL CLAIMS	73 - 20	=	53
INDEP. CLAIMS	10 - 3	=	7
MULTIPLE DEPI	ENDENT CLAIMS	PRESE	ENTED

^{*} If the difference in Col. 2 is less than zero, enter "0" in Col. 2.

SMALL ENTITY

RATE	FEE	<u>OR</u>
/////////	\$	<u>OR</u>
x 9=	\$	<u>OR</u>
x 39	\$	OR
+130	\$	<u>or</u>
TOTAL		<u>OR</u>
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OTHER THAN SMALL ENTITY

RATE	FEE
////////	\$ 690.00
x 18=	\$ 954.00
x 78	\$ 546.00
+260	\$ 260.00
TOTAL	\$ 2450.00

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		Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.				
	A check is also en	in the amount of \$ to cover the recording of assignment documents nclosed.				
Address all future communications (May only be completed by applicant, or attorney or agent of re to Amy E. Mandragouras, Esq. at Customer Number: 000959 whose address is:						
		Lahive & Cockfield, LLP				
		28 State Street				
		Boston, Massachusetts 02109				
Date:_	August 9,	LAHIVE & COCKFIELD, LLP Attorneys at Law By Maria C. Laccotripe, Ph.D. Agent for Applicant (Limited Recognition Under 37 C.F.R. §10.9(b)) 28 State Street Boston, MA 02109 (617) 227-7400 Telecopier (617) 742-4214				

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Katherine Galvin and Laura A. Rudolph-Owen

Serial No.: N/A

Filed: Herewith

For: Methods And Compositions For The Diagnosis And Treatment Of Cardiovascular And Tumorigenic

Disease Using 4941

Attorney Docket No.: MNI-094

Assistant Commissioner for Patents Box Sequence Washington, D.C. 20231

TRANSMITTAL LETTER FOR DISKETTE CONTAINING SEQUENCE LISTING

Dear Sir:

Enclosed is a diskette which contains a computer readable form of the Sequence Listing for the patent application filed herewith. The Sequence Listing complies with the requirements of 37 C.F.R. § 1.821. The material on this diskette is identical in substance to the sequence listing appearing on pages 1-7 of the Sequence Listing which is submitted herewith, as required by 37 C.F.R. § 1.821(f). The computer readable form of the sequence listing contained on the enclosed diskette is understood to comply with the requirements of § 1.824(d).

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Please Print Name of Person Signing

LAHIVE & COCKFIELD, LLP

Attorneys at Law

moripe Maria C. Laccotripe, Ph.D.

Agent for Applicant

Limited Recognition Under 37 C.F.R. §10.9(b)

28 State Street

Boston, MA 02109 Telephone: 617-227-7400 Facsimile: 617-742-4214

MNI-094 Case Docket No.__

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Box Patent Application Washington, D.C. 20231



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		Signature	Ilidio P. Cardos	o						
		Please Print	Name of Person Sig	nin	g					
Sir:										
Transmitt	ted herewit	h for filing is the p	atent application o	f						
Inventor(s):	Katherine Galvin a	and Laura A. Rudo	lph	-Owen					
For:	Methods A	and Compositions	For The Diagnosis	Aı	nd Treatment	Of Cardiovasc	ular And	l Tumorigeni	ic Disease Using	<u>,</u> 494
Enclosed	are:									
X	83	pages of specifica	tion, 8 page	es c	of claims, 1	pages of	abstract.			
X	12	sheets of drawi	ngs (Figures 1-8B)	١.						
X	A Declara	 tion, Petition and l	Power of Attorney	(ur	nexecuted).					
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		(Col. 1)	(Col. 2)		SMALL	ENTITY		OTHER SMALL	ENTITY	
FOR:		NO. FILED	NO. EXTRA		RATE	FEE	OR	RATE	FEE	
BASIC F	FEE		///////////////////////////////////////		/////////	\$	<u>OR</u>	////////	\$ 690.00	
TOTAL	CLAIMS	73 - 20	= 53		x 9=	\$	<u>OR</u>	x 18=	\$ 954.00	
INDEP.	CLAIMS	10 - 3	= 7		x 39	\$	<u>OR</u>	x 78	\$ 546.00	
⊠ MUL	TIPLE DEP	ENDENT CLAIMS	PRESENTED		+130	\$	OR	+260	\$ 260.00	
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			ling fees required u							

MNI-094 Page 2

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\boxtimes		all future communications (May only be completed by applicant, or attorney or agent of record) ay E. Mandragouras, Esq. at Customer Number: 000959 whose address is:
		Lahive & Cockfield, LLP 28 State Street
		Boston, Massachusetts 02109
Date:_	August 9,	LAHIVE & COCKFIELD, LLP Attorneys at Law By Maria C. Laccotripe, Ph.D. Agent for Applicant (Limited Recognition Under 37 C.F.R. §10.9(b)) 28 State Street Boston, MA 02109 (617) 227-7400 Telecopier (617) 742-4214